

CLAIMS ONLY

Application Number

101626144

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				
	Indep	Depend	Indep	Depend	Indep	Depend			
1			/				51	/	
2			/				52		
3			/				53	/	
4							54		/
5							55		/
6			/				56		/
7			/				57		/
8			/				58		/
9			/				59		/
10			/				60		/
11			/				61		/
12			/				62	x	
13			/				63		/
14			/				64		
15			/				65		
16			/				66		
17			/				67		
18			/				68		
19							69		
20							70		
21							71		
22							72		
23							73		
24							74		
25							75		
26							76		
27							77		
28			/				78		
29			/				79		
30			/				80		
31			/				81		
32			/				82		
33							83		
34							84		
35							85		
36							86		
37							87		
38							88		
39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
Total Indep			4				Total Indep		
Total Depend			46				Total Depend		
Total Claims			50				Total Claims		